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Approved for use through 102/1020 OMB f05/1-020. OMB f05/1

|   | DECLARATION FOR UTILITY OR   |                      |             |  |  |  |  |  |  |  |
|---|--|----------------------|-------------|--|--|--|--|--|--|--|
|   | DESIGN   | First Named Inventor | Austin Wang |  |  |  |  |  |  |  |
|   | PATENT APPLICATION   | COMPLETE IF KNOWN    |             |  |  |  |  |  |  |  |
|   | (37 CFR 1.63)  | Application Number   |             |  |  |  |  |  |  |  |
|   |  | Filing Date          |             |  |  |  |  |  |  |  |
|   | ☑ Declaration     Submitted     OR     Submitted after Initial     with Initial     Filing (surcharge  | Group Art Unit       |             |  |  |  |  |  |  |  |
|   | with Initial Filing (surcharge<br>Filing (37 CFR 1.16 (e))<br>required)  | Examiner Name        |             |  |  |  |  |  |  |  |
| _ |  |                      |             |  |  |  |  |  |  |  |
|   | As a below named inventor, I hereby declare that:  |                      |             |  |  |  |  |  |  |  |
|   | My residence, mailing address, and citizenship are as stated below next to my name.  |                      |             |  |  |  |  |  |  |  |
|   | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:   |                      |             |  |  |  |  |  |  |  |
|   | Golf Tee   |                      |             |  |  |  |  |  |  |  |
|   | (Title of the Invention)   |                      |             |  |  |  |  |  |  |  |
|   | the specification of which   |                      |             |  |  |  |  |  |  |  |
|   | is attached hereto  OR  as United States Application Number or PCT (International)   |                      |             |  |  |  |  |  |  |  |
|   | was filed on (MM/DD/YYYY)  |                      |             |  |  |  |  |  |  |  |
|   | Application Number and was amended on (MM/DD/YYYY) (if applicable).  |                      |             |  |  |  |  |  |  |  |
|   | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.   |                      |             |  |  |  |  |  |  |  |
|   | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-<br>in-part applications, material information which became available between the filing date of the prior application and the national or<br>PCT international filing date of the continuation-in-part application.   |                      |             |  |  |  |  |  |  |  |
|   | I harchy claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 35(b) of any foreign application(s) for planet or inventor's cardificate, or 35(s) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority distinct. |                      |             |  |  |  |  |  |  |  |

Attorney Docket Number

Prior Foreign Application Number(s) Priority Foreign Filing Date Certified Copy Attached? Country **Not Claimed** NO YES Ø ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time of 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the secure of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Tindemark Office, Washington, DC 20231. Do NOT SEMD FEES OR COMPLETED FORMS TO THIS ADDRESS, SEMD TO: Assistant Commissioner for Patients, Washington, DC 20231.

PTO/SB/01 (10-00)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## **DECLARATION** — Utility or Design Patent Application

|   | Customer Nur<br>or Bar Code L |          |               |                           | OR D    | Correspondence address below |  |  |  |  |
|---|-------------------------------|----------|---------------|---------------------------|---------|------------------------------|--|--|--|--|
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| Country Taiwan  |                               | Telephon | e             |                           |         | Fax                          |  |  |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                               |          |               |                           |         |                              |  |  |  |  |
| NAME OF SOLE OR FIRST INVENTOR:   |                               |          |               |                           |         |                              |  |  |  |  |
| Given Name (first and middle [if any]) Austin Family Name or Surname Wang   |                               |          |               |                           |         |                              |  |  |  |  |
| Inventor Signature Date 9/3/03  |                               |          |               |                           |         |                              |  |  |  |  |
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| NAME OF SECOND INVENTOR:  |                               |          |               |                           |         |                              |  |  |  |  |
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| Inventor Signature Date   |                               |          |               |                           |         |                              |  |  |  |  |
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| City  | State                         |          |               | ZIP                       |         | C untry                      |  |  |  |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |                               |          |               |                           |         |                              |  |  |  |  |